

BEST AVAILABLE COPY

National Stage Processing
Paralegal Specialist
(703) 305-6421

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S) <div style="font-size: 1.5em; font-weight: bold;">09/554065</div>			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/								
2		/							
3		2							
4		/							
5		①							
6	/								
7	/								
8		2							
9		①							
10		①							
11	/								
12	/								
13	/								
14		/							
15		/							
16		/							
17		4							
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	6								
TOTAL DEP.	16								
TOTAL CLAIMS	22								